

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

FAZAL RAHEMAN
Petitioner

v

David Winn
Respondent

05-40039
No.

LEAVE TO FILE APPLICATION TO PROCEED IN
FORMA PAUPERIS AND REQUEST TO MARK AN
EARLY DATE ON COURT'S CALENDAR

The petitioner in the above captioned cause respectfully seeks leave of this honorable court to file an application to proceed without prepayment of fees. As reasons therefore he moves his application supported by a notarized Affidavit and six monthly statement of his Inmate Systems account at FMC, Devens. Furthermore, as the relief sought is due in less than 8 weeks, the petitioner's an early action.

For all the above reasons, the petitioner respectfully requests this Honorable Court grant him the leave to proceed in forma pauperis, and mark an early briefing schedule on the Court's Calender.

Respectfully submitted,

Fazal Raheman,
Petitioner,
Reg. No. 46236-008
FMC, Devens, P Box 879,
Ayer, MA 01432

CERTIFICATE OF SERVICE

I, Fazal Raheman, hereby certify that I served a copy of the foregoing pleading on the respondent by depositing in the FMC Mailing System on Febraury 25, 2005.

Fazal Raheman

UNITED STATES DISTRICT COURT

District of

Plaintiff

V.

Defendant

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, FAZAL RAHIMYAN declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Federal Medical Center, Dever, Ariz

Are you employed at the institution? Yes Do you receive any payment from the APR - \$6.12/hour

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

Not applicable

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Not applicable

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

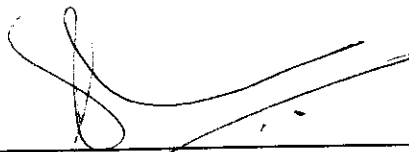
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

(1) NIDA FAZAL RAHEMAN	DAUGHTER	CONTRIBUTE NONE AT THE PRESENT TIME
(2) ALI FAZAL RAHEMAN	SON	NONE AT THE PRESENT TIME

I declare under penalty of perjury that the above information is true and correct.

January 5, 2004

Date



Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

MASSACHUSETTS SIGNATURE WITNESSING

Gov. Exec. Ord. #455 (03-13), §5(f)

Commonwealth of Massachusetts

County of Worcester } SS

On this the 6th day of January, 2005, before me,

Day
Suzan Couch
Name of Notary Public

Name of Notary Public _____

personally appeared Raheman, - fazal
Name(s) of Signer(s)

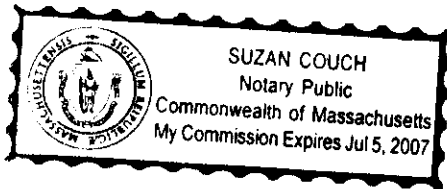
Name(s) of Signer(s)


proved to me through satisfactory evidence of identity, which was/were

BOP ID Card

Description of Evidence of Identity

to be the person(s) whose name(s)
was/were signed on the preceding or
attached document in my presence.




Signature of Notary Public

Signature of Notary Public

Suzan Couel
Printed Name of Notary

Printed Name of Notary

My Commission Expires 7/5/01

Place Notary Seal and/or Any Stamp Above

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Application Report

Document Date: 1-6-05 Number of Pages: 2

Signer(s) Other Than Named Above: *NA*

**Right Thumbprint
of Signer**

Top of thumb here